OHIO DEPARTMENT OF HEALTH



246 North High Street Columbus, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Candice Keller, Executive Director Community Pregnancy Center 8 East Fifth Street Franklin, OH 45005

Tax ID:

Dear Ms. Keller:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

Butler 1900 Clermont 746.66 • Clinton 60 Greene 0 Hamilton

Montgomery

Proble

26.66

Warren

690

Your application was not approved for the funding in the following county(s) for the following reason(s):

Greene:

Other applicant organization located in county

Hamilton:

Other applicant organization located in county

Montgomery: Other applicant organization located in county

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$3,423.32 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Since

Director of Health

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services $\underline{\text{MUST}}$ be included on the invoice.

Dept of Health

Supplier: 0000173065 COMMUNITY PREGNANCY CENTER 8 E FIFTH ST FRANKLIN OH 45005

	Dispate	ch via Print
Purchase Order		vision Page
DOH01-00000429	58 12/29/2015	1
Payment Terms	Freight Terms	Ship Via
Net 30	FOR Destination, Prep	aid N/A
	Phone	Currency
ABUL BASHER		USD

Ship To: Dept of Health

P003574 ABUL BASHER P.O. Box 118 (614) 466-3543

Columbus OH 43216-0118

United States

Bill To:

Dept of Health P.O. Box 118

(614) 466-3543 Columbus OH 43216-0118 United States

				United States		
Line-Sch	Quantity	UOM		Unit Price	Extended Amt	Due Date
1- 1	1	amt	Eligible organization shall receive Choose Life funds for the material and training needs of pregnant women who are planning to place their children for adoption, etc. Details are as per signed award letter	3,423.32	3,423.32	
			Schedul	le Total	3,423,3	12
			Item Tot	ai	3,423.	12
CONTRACT	NO. 4580/DY	'AN GOGAR	TURNER/CKELLER@PREGNANCYCHOICE.NE	т		
CART APPR	OVED 10/14/	15				

Total PO Amount

3,423.32

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head Richard Hodges, MPA Director of Health



OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY15 DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for configuous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

"Organization" Federal Tax ID Number	
Street Address	Comment Per
Gity, State Zin	- Contractor Contractor
Courty of Location Decision	BERLI FIRM ST.
Address where ODH should Direct	Warren OH 45005
This location serves women from the following	Worren - Butter - Montgomby Oth
Name of Person and Title completing application Area Code/Phone Number	George - Chitton . Clermont - US
Area Code/Phone Number	Lagari Lagari
Email	513 424 2229 Execution Digeto

- By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify
 - A. is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-B. Is a private, nonprofit organization;
 - C. is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnent women who are planning to place their children for adoption, including counseling and meeting the material needs of the
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-
- G. Does not discriminate in its provision of any service on the basis of race, religion, color,

- III. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, If Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:
 - A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 - 1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) Not more than sixty percent (60%) of the funds were used for the meterial needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive perents, including clothing, housing, medical care, food, utilities, and transportation:
 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
 - None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or
 - 2. Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - Not more than sixty percent (60%) of the funds were used for the material needs
 of pregnant women who are planning to place their children for adoption or for
 the infents awaiting placement with adoptive parents, including clothing, housing,
 medical care, food, utilities, and transportation;
 - Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
 - None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
 - Expenditure Tracking Form. This form of reporting may be used if Organization does
 not traditionally have an audited financial statement and a financial statement is not
 available at the time of application. This form may be found on the ODH website or
 available upon request; and,
 - B. As well as a new Vendor Information Form (If Organization has moved).

- V. By June 1, 2015, new applicants must submit the following:
 - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
 - B. Completed Vendor Information Form; and,
 - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015—June 30, 2016).

By my signature, i cartify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

May 24, 2015

Signature of Person Completing Application

(Print Name & Title) 1 Procentific Director

Application to be submitted to:
Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Gogantumer@odh.ohio.gov

OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY15 DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

"Organization"	Community Regrances Center
Federal Tax ID Number	Company of the Company
Street Address	1121 central Ac. Str. 100
City, State Zip code	andditous OH 45044
County of Location Providing Services (One Application Per Location)	Butter
Address where ODH should Direct Payment	listed Above
Contiguous Counties of Service This location serves women from the following counties:	Charmont - Clinton - Worren
Name of Person and Title completing application	Cardice Holler Executive Dep
Area Code/Phone Number	513-424-2729
Email	. Heller @ Dagnancychoice. no

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
 - A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization:
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- ili. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section i. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within
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 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising:
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 available at the time of application. This form may be found on the ODH website or
 available upon request; and,
- B. As well as a new <u>Vendor Information Form</u> (if Organization has moved).

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 - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
 - B. Completed Vendor Information Form; and,
 - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015—June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/24/15 Date Signature of Person Completing Application

Cardice R Leller Executive Director

Application to be submitted to:
Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Gogantumer@odh.ohlo.gov

-> Certified Search for Unresolved Findings for Recovery



Office of Auditor of State 88 East Broad Street Post Office Box 1140 Columbus, OH 43216-1140 (614) 466-4514 (800) 282-0370

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Organization: Community Pregnancy Center

Date: 12/09/2015

This search produced the following list of possible matches:

14 Possible matches were found

Name/Organization	Address
Community for New Direction	2323 W. Fifth Avenue, Suite 160 Columbus, OH 43204
Council of United Somali Community	2874 Olive Street Grove City, OH 43123
Harmony Community School	, OH
Harmony Community School, c/o Buckeye Community Hope Foundation	3021 East Dubli Granville Road Columbus, OH 43231
Harmony Community School, c/o Buckeye Community Hope Foundation	3021 East Dublin Granville Rd. Columbus, OH 43231

Harmony Community School, c/o Buckeye Community Hope Foundation	3021 East Dublin-Granville Rd. Columbus, OH 43231
Harmony Community School, c/o Buckeye Community Hope Foundation	3021 East Dubln Granville Rd. Columbus, OH 43231
Harrison County Democratic Executive Committee	80900 Slab Camp Road Cadiz, OH 43907
Making Life Better for Kids Committee	40 South Limestone Street Springfield, OH 45502
Marchese Communication Co.	1372 Diamond St., NE Canton, OH 44721
Rhea Academy Community School	
Somali Bantu (Youth Community of Ohio)	3823 Sullivant Avenue Columbus, OH 43228
Somali Development Agency/Americom	4312 Westport Road Columbus, OH 43228

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

<u>Debarred Vendors</u>: The following companies and officers have been debarred. In addition, the vendors have been debarred from participating in the bidding process or receiving materials from Ohio Department of Transportation, Office of Contracts, Purchasing Services Section.

All Controls Co	rporation
Debarment Begins: January 13, 2012	Permanently Debarred
Bright Chemical and	Lighting, inc.
Debarment Begins: January 13, 2012	Permanently Debarred
North Shore Commercial	Door Company, Inc.
Debarment Begins: January 13, 2012	Permanently Debarred
Nozzle New	, Inc.
Debarment Begins: January 13, 2012	Permanently Debarred
Quattro, l	ne
Debarment Begins: July 2, 2013	Permanently Debarred
West Shore New H	olland, inc.
Debarment Begins: January 13, 2012	Permanently Debarred

<u>Debarred Contractors</u> - The following companies and officers have been permanently debarred. In addition, the company may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

Charter Contracting Corp - 15	2 12th St, Suite B, Campbell, OH 44405
Federal ID: 26-3139843	Officers: Alan Dirienzo
Begin Debarment: April 3, 2014	Permanently Debarred
	TesTech
Federal ID: 31-1504947	Officers: David C. Oakes, Shery B. Oakes, Sherif A. Aziz
Begin Debarment: February 7, 2014	Permanently Debarred
Northern Stat	es Industrial Painting
Federal ID: 34-1953447	Officers: Gust Kafas
Begin Debarment: January 29, 2004	Permanently Debarred
Northern Stat	es industrial Painting
Federal ID: 31-1526908	Officers: Larry Frangos
Begin Debarment: Ocotber 4, 2004	Permanently Debarred
Smith & Johnson	n Construction Company
Federal ID: 31-1193721	Officers: Robert J. Johnson aka Jeff Johnson
Begin Debarment: March 5, 2007	Permanently Debarred

Federal ID: 34-0847157	Officer: Bill Pontikos
Begin Debarment: November 22, 2005	Permanently Debarred

Debarred Individuals - The following individuals are permanently debarred from participating in any contract with the Ohio Department of Transportation. In addition, they may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

Alan Jo	seph Dirienzo
Residential Address: Campbell, OH 44405	Mailing Address:
Begin Debarment: April 3, 2014	End Debarment: April 3, 2015
Davi	d C. Oakes
Residential Address: Dayton, OH	Mailing Address:
Begin Debarment: February 7, 2014	Permanently Debarred
Sheri	y B. Oakes
Residential Address: Dayton, OH	Mailing Address:
Begin Debarment: February 7, 2014	Permanently Debarred
She	rif A. Aziz
Residential Address: Dayton, OH	Mailing Address:
Begin Debarment: February 7, 2014	Permanently Debarred
Robert J. Johns	son aka Jeff Johnson
esidential Address: 1 Mironova Place, Suite 2325, Columbi	ıs, Mailing Address: 885 Grandview Avenue, Suite 270,
OH 43215	Columbus, OH 43215
Begin Debarment: March 5, 2007	Permanently Debarred
	st Kafas
Residential Address: 11056 Jasmine Ct, Strongsville, OH 44136	
Begin Debarment: January 29, 2004	Permanently Debarred
Geo	rge Ginnis
Residential Address: 5752 Webb Road, Youngstown, OH 44515	Mailing Address: 492 Harmony Lane, Campbell, OH 4440
Begin Debarment: September 9, 2004	Permanently Debarred
Larr	y Frangos
Address: 4950 Kennedy Road, Lowellville, OH 44436-9527	Address: 5752 Webb Road, Youngstown, OH 44515
Begin Debarment: October 8, 2004	Permanently Debarred
Mark	O'Donnell
Address: 157 Abbe Road South, Elyria, OH 44035	
Begin Debarment: October 16, 2008	Permanently Debarred
Rober	t Jones, Jr.
Address: 10375 Misty Ridge, Concord, OH 44077	
Begin Debarment: October 16, 2008	Permanently Debarred
	es Bright
Address: 5300 Wiltshire Rd., North Royalton, OH 44133	
Begin Debarment: October 16, 2008	Permanently Debarred
	n (Chris) Hilty
Address: 7075 Rocker St., Chagrin Falls, OH 44023	- (
Begin Debarment: October 16, 2008	Permanently Debarred

Address: 10545 Locust Grove, Chardon, OH 44024	
Begin Debarment: October 16, 2008	Permanently Debarred
Richard	d Goldizen
Address: 3060 Red Oak Dr. Perry, OH 44081	
Begin Debarment: October 16, 2008	Permanently Debarred

Contractors and Vendors Removed From The Deb	arment List-
Advanced Gas & Welding	- 1662 E 361 St, Eastlake, OH 44095
	End Debar: April 22, 2014
B.P. Contracting & Services - 745 Worthington Forest Pl,	Columbus, OH 43229
Federal ID: 20-0238605	Officers: Paul Woods and any other partners or owners
Debarment Begins: November 23, 2005	Debarment Ends: November 23, 2007
Bau	er Mechanical
	End Debar: April 22, 2014
Brothers Construction (Company of Columbus Inc) – 20	090 Leonard Ave., PO Box 24157, Columbus, OH 43219
Federal ID: 31-1114370	Officers: Brenda K. Ware, Phyllis B. Ware, Paul V. Ware, Sr. Jack H. Ware, Jr.
Begin Debarment: June 1, 1998	End Debarment: June 1, 2001
Custom Powder Coating - 7	734 Associate Ave, Brooklyn, OH 44144
	End Debar: April 22, 2014
Elcho International Inc - 370	48 Lakeshore Blvd, Eastlake, OH 44095
	End Debar: April 22, 2014
FTD Inc "F	Frank T. Destro Inc"
	End Debar: May 26, 2014
Flasher Safety 4589 Manufacturing Rd., Cleveland, OH 4	14135
Federal ID: 34-1819040	Officer: Kevin J. Zayas
Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
<mark>Jones Janitorial – 202</mark> 3 Belmont Ave. (PO Box 1753) You	ingstown, OH 44501
Federal ID: 34-1750624	Officers: David Jones, Jack H. Ware, Jr.
Begin Debarment: April 13, 1998	End Debarment: April 13, 2001
J & S Landscape Co. — 20475 Farnsleigh Rd. #114, Clev	eland, OH 44122
Federal ID: 34-1516980	Officer: Harvey Jordan
Begin Debarment: November 1, 1998	End Debarment: November 1, 1999
JEL ideajease —	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
Jim's Iron & Metal Inc 413 Hensley Ave. Galion, OH	44833
Federal ID: 34-1838967	Officer: Jim Lehner

Books Dahamanta January 00, 4000	T	
Begin Debarment: January 26, 1998	End Debarment: January 26, 2001	
Jones Equipment, Inc 431 Richmond St, Painesville, OH 4 Federal ID:		
	Officer: Robert Jones Jr.	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
Jordan's Janitorial LLC - 806 Sonora Ct, Englewood, OH 45		
Federal ID: 31-1580513	Officer: Bonita Jordan	
Begin Debarment: December 15, 2003 Kent Winter	End Debarment: December 15, 2006	
Address: 1900 Joseph Lloyd Prkwy, Wiloughby, OH 44094		
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
L & K Industrial Painting Contractors, Inc 3186 West 25th		
Federal ID: 34-1779109	Officer: Manual G. Kafas	
Begin Debarment: April 29, 1999	End Debarment: April 29, 2002	
Lake Truck Sales and Service, Inc 431 Richmond St, Pai		
Federal ID:	Officer: Robert Jones Jr.	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	
MPG Painting — 481 Harmony Lane, Campbell, OH 44405		
Federal ID: 31-1789573	Officer: Dimitros Dovas	
Begin Debarment: January 6, 1998	End Debarment: January 6, 2001	
Maintena Maintena	nce Masters	
	End Debar: May 26, 2014	
Marek Land Company - 9965 Dam	ow Rd Apt 111F, Twinsburg, OH 44087	
	Full Bullion A. Illen 2004	
Mid American Cleaning Contractors 447 N FP - L - 4 DO	End Debar: April 22, 2014	
Mid-American Cleaning Contractors 447 N. Elizabeth, PO Federal ID: 34-1673766		
	Officer: Ken Plercefield	
Begin Debarment: June 11, 1999	End Debarment: June 11, 2000	
Midwest Hardware & Supply, Inc. – 3645 Warrensville Cente		
Federal ID: 34-1879539	Officer: Leroy Wayne	
Begin Debarment: November 9th, 1999	End Debarment: November 9th, 2002	
Pogonowski Plumbing - 6675 Roc	chelle Blvd, Parma Heights, OH 44130	
	End Debar: April 22, 2014	
Rini Restoration & Waterproof - 10	68 Elmwood Dr, Macedonia, OH 44056	
Min Managarana a Matarbiani - 10	US SITTATOOD DI, MACGOOMA, OF 44000	
	End Debar: April 22, 2014	
FDT Electric dba Taylor Electric, Inc. — 118 Maple Ave., Belfo		
Federal ID: 34-1637043	Officers: Thomas D. Taylor, Patricia A. Taylor	
Begin Debarment: July 30, 1998	End Debarment: July 30, 2001	
I PANTIANAL MILIMINA - 07/7 D	INTERFECTION DI MONTON, OF 44000	
Traditional Building - 9273 P		
i raditional Building - 92/3 P	End Debar: April 22 2014	
	End Debar: April 22, 2014	
	End Debar: April 22, 2014 g Unlimited	

Tri-County Janitorial Inc		
Federal ID: 31-1604273		
Begin Debarment: June 25, 2003	End Debarment: June 25, 2006	
Winter Equipment - 1900 Joseph Lloyd Pkwy, Willoughby, Ol	H 44094	
Federal ID:	Officer: Kent Winter	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012	



USER NAME PASSWORD

Forgot Username? Forgot Fassword?

Cresta an Account

HOME

SEARCH RECORDS

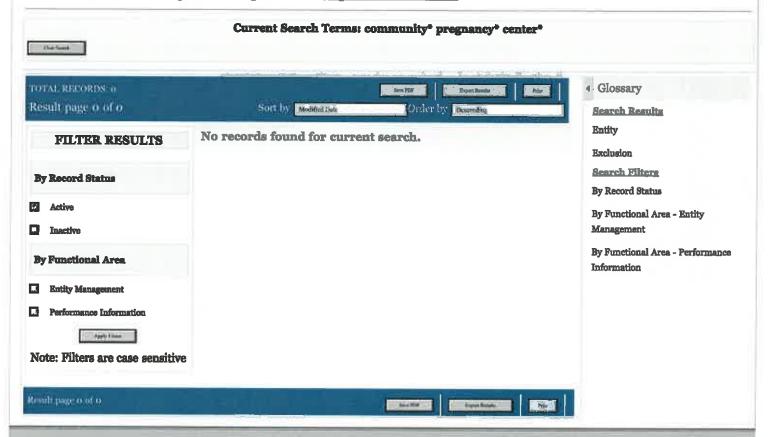
DATA ACCESS

GENERAL INFO

HELP

Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search.
 You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select
 the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.
- NOTE: Please read this important message when searching for exclusion records.



SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.40.20151201-1827 WWW6







OHIO DEPARTMENT OF HEALTH



246 North High Street Colombon, Ohio 43215

614/466-3543 www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Candice Keller, Executive Director Community Pregnancy Center 8 East Fifth Street Franklin, OH 45005

Tax ID:

I da II).

Dear Ms. Keller:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

	Butler	1900	• 1	Montgomery	0
•	Clermont	746.66		monigomery Preble	0 26.66
•	Clinton	60		Warren	690
•	Greene	0	• •	A STIETT	090
	Hamilton	0			

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 Hamilton: Other applicant organization located in county
 Montgomery: Other applicant organization located in county

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Sincerely,

Richard Hodges, MPA Director of Health

OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY16 DISTRIBUTION APPLICATION

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"Organization" Federal Tax ID Number	0
TOTAL PROPERTY.	Commits Regioney Centur
City, State Zip code	8 Each Comment
County of Localian Design	BEAST FIFTH ST.
Address where ODH should Direct	Warren HS005
This location serves women from the following	1131 Central Sure to 100 0
Name of Person and Title completing application Area Code/Phone Number	General - Chitter Chermont - USDA
Area Code/Phone Number	MONT LANGE
Email	513 424 - 2229 Executive Division

- By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify & party charce with
 - A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-
- G. Does not discriminate in its provision of any service on the basis of race, religion, color,

- Iii. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013–June 30, 2015), then Organization must submit the following with this Application:
 - A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
 - An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) Not more than sixty percent (60%) of the funds were used for the material needs
 of pregnant women who are planning to place their children for adoption or for
 the infants awaiting placement with adoptive parents, including clothing, housing,
 medical care, food, utilities, and transportation;
 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
 - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures: or
 - Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
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 of pregnant women who are planning to place their children for adoption or for
 the infants awaiting placement with adoptive parents, including clothing, housing,
 medical care, food, utilities, and transportation;
 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
 - None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
 - Expenditure Tracking Form. This form of reporting may be used if Organization does
 not traditionally have an audited financial statement and a financial statement is not
 available at the time of application. This form may be found on the ODH website or
 available upon request: and.
 - B. As well as a new Vendor Information Form (If Organization has moved).

- V. By June 1, 2016, new applicants must submit the following:
 - A. One (1) original, signed <u>W-9 form</u> per organization. If your organization has multiple tocations, please choose the location where you would prefer a check to be mailed; and
 - B. Completed Vendor Information Form; and,
 - C. Completed Direct Deposit Form (optional).
- VI. By June 1, 2018, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funda received during state fiscal year 2016 (July 1, 2015—June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

May 24, 2015

Signature of Person Completing Application

Print Name & Title) Print Name & Title)

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560

Dyane.Gogantumen@odh.ohio.gov

OHIO DEPARTMENT OF HEALTH (ODH) CHOOSE LIFE FUND SFY15 DISTRIBUTION APPLICATION

interested Organizations: This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

"Organization"	Community Regrancy Center
Federal Tax ID Number	2 3
Street Address	1121 central Au. Ste. 100
City, State Zip code	middletown OH 42044
County of Location Providing Services (One Application Per Location)	Butter
Address where ODH should Direct Payment	listed Above
Contiguous Counties of Service This location serves women from the following counties:	Butter - Homilton - Pabli Clarmont - Clinton - Worren
Name of Person and Title completing application	Cardice Heller Executive Dire
Area Code/Phone Number	513-424-2229
Email	e Heller @ pagnancy choice. net

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:
 - A. is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women:
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or proabortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- Ili. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within
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 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;
 - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,
 - 3. Expanditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and
- B. As well as a new Vendor Information Form (if Organization has moved).

- V. By June 1, 2015, new applicants must submit the following:
 - A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
 - B. Completed Vendor Information Form; and,
 - C. Completed Direct Deposit Form (optional),
- VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015-June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/26/15 Date

Signature of Person Completing Application

Cardice R Leller Executive Director

Application to be submitted to: Dyane Gogan Turner MPH, RD/LD, IBCLC Ohio Department of Health Bureau of Maternal and Child Health 246 North High Street, 6th floor, Columbus, OH 43215 614.644.6560 Dvane.Gogantumer@odh.ohio.gov